

Application or Docket Number.

Substitute for Form PTO-875

Application or Docket Number
10 (734,541)

(Column 1) : (Column 2)

SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

FOR	NUMBER FILED	NUMBER EXTRA
BASIC FEE (37 CFR 1.16(a))	33	
TOTAL CLAIMS (37 CFR 1.16(c))	33 minus 20 =	13
INDEPENDENT CLAIMS (37 CFR 1.16(b))	2 minus 3 =	1
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))		

RATE	FEE
	\$ _____
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL	

RATE	FEE
Per 1c	\$ 7.70
x 18 =	304
x 86 =	1
+ 290 =	
TOTAL	\$ 10.00

* If the difference in column 1 is less than zero, enter "0" in column 2.

CLAIMS AS AMENDED – PART II

(Column 1)	(Column 2)	(Column 3)
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SMALL ENTITY

OR

OTHER THAN
SMALL ENTITY

AMENDMENT: A	8/17/16	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	33	Minus	33	=
	Independent (37 CFR 1.16(b))	2	Minus	3	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

RATE	ADDITIONAL FEE
X \$ <u> </u> =	
X \$ <u> </u> =	
+ \$ <u> </u> =	
TOTAL ADD'L FEE	

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d))					

RATE	ADDITIONAL FEE
X \$_____ =	
X \$_____ =	
+ \$_____ =	
TOTAL ADD'L FEE	

RATE :	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADD'L FEE	

		(Column 1)		(Column 2)	(Column 3)
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA
	Total (37 CFR 1.16(c))	*	Minus	**	=
	Independent (37 CFR 1.16(b))	*	Minus	***	=
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16 J))					

RATE	ADDITIONAL FEE
X \$ _____ =	
X \$ _____ =	
+ \$ _____ =	
TOTAL ADDITIONAL FEE	

RATE	ADDITIONAL FEE
x \$ _____ =	
x \$ _____ =	
+ \$ _____ =	
TOTAL ADDITIONAL FEE	

* If the entry in column 1 is less than the entry in column 2, ante 0 in column 3

* If the entry in column 1 is less than the entry in column 2, enter 0 in column 3.

*** If the Highest Number Previously Paid For In This SPACE is less than 3, enter "3"

The Highest Number Previously Paid For (Total) is independent of the highest number found in the appropriate box in column 1.

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit if, the public which is to file (and by the PFT) it, provided an application. Additionally, the information is required to obtain or retain a benefit if, the public which is to file (and by the PFT) it, provided an application. Additionally, the information is required to obtain or retain a benefit if, the public which is to file (and by the PFT) it, provided an application.

US Patent Office
Washington, DC 20540-4400

401 PERM SEND TO: Commissioner for Patents, P.O. Box 1450 Alexandria VA 22313-1450